

# Account Closure

**Form Instructions:** Complete this form and submit it to your previous financial institution. Make sure all checks have cleared your account first. Note: Individual Retirement Accounts require additional paperwork for tax purposes. Contact your previous

**TO:** Financial Institution: \_\_\_\_\_

Address : \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

**From:** Primary Account Holder: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Secondary Account Holder: \_\_\_\_\_

**This letter serves as a request and authorization to close the following accounts with your institution:**

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_

**Please mail remaining balance to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



Member FDIC